



**New Single Family Dwelling  
Combination Permit Application**  
**City of Philomath**  
**Building Department**  
980 Applegate St. / PO Box 400  
Philomath, OR 97370  
Phone: 541-929-6148 Fax: 541-929-3044

DEPARTMENT USE ONLY	
Permit No.:	
This project has final land-use approval: Signature:	DEQ approved: Signature:

**This permit is issued under OAR 918-460-0030. Permits  
expire if work is not started within 180 days of issuance or  
if work is suspended for 180 days.**

Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LOCAL GOVERNMENT APPROVAL	
Zoning approval verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICANT INFORMATION	
Name:	
Mailing Address:	
City/state/ZIP:	
Phone:	Cell Phone:
Email:	
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/state/ZIP:	
Project name:	
Directions to job site:	
Parcel no.:	
ELECTRICAL CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/state/ZIP:	
Phone:	Cell Phone:
Fax:	Email:
CCB license no.:	BCD license no.:
Signing Supervisor name & license no.:	
MECHANICAL CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/state/ZIP:	
Phone:	Cell Phone:
Fax:	Email:
CCB license no.:	LPG license no.:
PLUMBING CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/state/ZIP:	
Phone:	Cell Phone:
Fax:	Email:
CCB license no.:	BCD license no.:
Journeyman name & license no.:	

CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/state/ZIP:		
Phone:	Cell Phone:	
Fax:		
Email:		
CCB license no.:		
Signature:		
PROPERTY OWNER INFORMATION		
Name:		
Mailing address:		
City/state/ZIP:		
Phone:	Cell Phone:	
Email:		
OWNER INSTALLATION		
Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foundation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Framing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Roofing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Siding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Structural	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This installation is being made on residential or farm property owned by me or a member of my immediate family.		
Sign here:		
PRIMARY CONTACT		
Name:		
Phone:		
Email:		

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VALUATION INFORMATION							
Job description:				Total square footage (dwelling and attached garage):			
				Building height _____ ft. _____ in.			
				Number of bathrooms: _____ Number of kitchens: _____			
				Decks / porches / covered patios _____ (total sq. ft.)			
				Living area sq. ft. _____ (total sq. ft.)			
				Garage sq. ft. _____ (total sq. ft.)			
				Carport sq. ft. _____ (total sq. ft.)			
				No. of stories: _____ Limited or restricted energy _____			
Declared value of job: \$				Temporary service 200 amps or less _____			
PLUMBING							
Water service – total linear feet:			Storm Sewer – total linear feet:			Sanitary sewer – total linear feet:	
HEATING / COOLING							
<b>Type of fuel:</b>							
Boiler	Electric	Geothermal	LPG	Natural Gas	Oil	Photovoltaic	Solid Fuel
<b>Secondary type of fuel</b>							
Boiler	Electric	Geothermal	LPG	Natural Gas	Oil	Photovoltaic	Solid Fuel
<b>Other</b>							
			<b>QTY</b>				<b>QTY</b>
Air handling unit up to 10,000 cfm				Air conditioner			
Air handling unit greater than 10,000 cfm				Furnace – up to 100,000 BTU			
Furnace – greater than 100,000 BTU				Floor furnace, including vent			
Heat pump				Evaporative cooler other than portable			
Suspended heater, recessed wall heater or floor mounted unit heater				Mini split			
Radiant in-floor heating system							
OTHER FUEL APPLIANCES							
Wood / pellet stove				Water heater			
Gas or wood fireplace / insert				Pool or spa heater, kiln			
Decorative gas fireplace				Oil tank / gas / diesel generators			
Chimney / liner / flue / vent				Installation domestic-type incinerator			
ENVIRONMENTAL EXHAUST AND VENTILATION							
Range hood / other kitchen equipment				Attic / crawl space fans			
Ventilation system not a portion of heating or air-cooling system authorized by permit				Flue vent for water heater or has fireplace			
Appliance vent installation not included in appliance permit				Clothes dryer exhaust			
Other environment exhaust / ventilation				Ventilation fan connected to single duct			
FUEL PIPING							
Gas fuel piping outlets							